

Policy for COVID-19 Guidance

1. The Center has flexible policies for sick leave and absenteeism that encourage people to avoid coming in while sick.
2. All staff and participants/families are familiar with the signs and symptoms of COVID-19, especially fever, cough, and shortness of breath. Signs are posted making it clear that no one with any of the signs or symptoms should enter the building.
3. Each day, each participant and staff will be screened for signs and symptoms of COVID-19 before entering the main rooms. Documentation will be maintained. Persons exhibiting any symptoms will not be admitted.
4. Visitors and volunteers will be restricted.
5. Those over 65 years of age or older and those with underlying chronic medical conditions, such as heart or lung disease, will be informed that they are at high risk for severe disease from COVID-19.
6. Social distancing guidelines will be followed. If social distancing of at least 6 feet cannot be maintained, staff will wear masks or cloth face coverings as per CDC recommendations for the public.
 - a. Cloth face coverings are not considered personal protective equipment and should not be used by healthcare personnel as an alternative to facemasks when those supplies are indicated and still available.
 - b. Cloth face coverings should not be placed on anyone who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the mask without assistance.
 - c. Separate spaces will be maintained that allow for small groups only (no more than 10 people, counting staff and participants).
 - d. Individual activities will be encouraged, and social distancing of 6 feet or more between persons to the best extent possible.
 - e. Mixing of groups or larger group activities will not be allowed. There will be a schedule in place for use of common areas. Interactions will be minimized and social distancing maintained to the best extent possible.
7. Ill persons will be moved to the room opposite the nurses' office until families arrive to take them home.

8. Staff will monitor participants for any indications of fever or respiratory illness. If an ill participant is identified, he/she will be moved as described in item 7 above. The next of kin or contact will be called to ensure the ill participant is released to them as soon as possible, preferably within 30 minutes.
9. Proper hand and respiratory hygiene practices will be taught and encouraged.
 - a. Regular and routine handwashing with soap and water or hand sanitizer will be provided upon entry, before meals and snacks, after blowing the nose, coughing or sneezing, after toileting and at other scheduled times during the day.
 - b. Coughing into the crook of the elbow will be encouraged, followed by handwashing/hand sanitizer.
 - c. Tissues and hand sanitizer will be provided to the extent available. Staff and participants will be reminded to avoid touching their eyes, nose, and mouth.
10. Supplies for good hygiene will be provided, including handwashing stations with soap and water, paper towels, and lined trash cans.
11. Surfaces will be routinely cleaned and disinfected, especially those that are touched. These surfaces are located throughout the building, and include kitchen, bathrooms, and common areas.
12. All staff and participants/families know and agree to follow expected communication protocols to inform the Executive Director about any health concerns in the Center. The director, in turn, will communicate appropriately with local health and licensing officials.
 - a. The health department will be notified if individuals with known or suspected COVID-19 are identified, if severe respiratory infection is identified, or if clusters (2 or more) of staff and/or participants are identified with respiratory infection.
 - b. Staff and participants/families must be notified if a case occurs at the Center.
13. If COVID-19 occurs in the Center, the practices outlined in 1-12 will be followed.

Signature: *Jane Bauknecht* Date: *June 9, 2020*

On August 27th the Virginia Department of Health (VDH) issued new interim guidelines for group/congregate day program settings. The new guidelines affect daily assessments and the response.

The list of symptoms to be reviewed daily now includes ‘runny nose or congestion’. In addition, if a staff member or participant has **any one** of the list of 17 symptoms, he/she may not enter the program that day.

If a suspected* or confirmed case of COVID-19 infection occurs at the Center, the ill person will be sent home. Program participants and staff who are identified as having been in close contact with the ill person should quarantine in their homes for 14 days. Close contact is defined as a person who lives with, provides care for, or has been within 6 feet of someone with COVID-19 for 15 minutes or more at a time or who has been exposed to respiratory secretions of a person with COVID-19.

If COVID-19 is suspected* or confirmed in the home, all others in the household as well as other close contacts must quarantine for 14 from last exposure.

The CDC and VDH no longer routinely recommend a test-based strategy to determine when to discontinue isolation except among the severely ill or significantly immunocompromised. In this case, a health care provider would determine the end of isolation.

For others with symptoms, isolation can be discontinued when at least 10 days have passed since symptoms first appear **and** at least 24 hours have passed since resolution of fever without the use of fever-reducing medication **and** other symptoms have improved. The loss of taste or smell might persist for weeks or months after recovery and this should not delay the end of isolation.

For those who never showed symptoms, 10 days must have passed since the date of the first positive COVID-19 diagnostic test **and** no COVID-19 symptoms developed.

*Suspected is defined by the Lord Fairfax Health District as having at least two of the following: fever (measured or subjective), chills, rigors, myalgia, headache, sore throat, nausea or vomiting, diarrhea, fatigue, or congestion/ runny nose OR one of the following: cough, shortness of breath, difficulty breathing, new olfactory disorder, new taste disorder. Clarissa Bonneford, MPH.